# Measuring Success and Focusing on Results

## NWT Health and Social Services System 2013/2014 Annual Report

Northwest Territories Health and Social Services

March 2015 | www.hss.gov.nt.ca

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# Message from the Minister

I am pleased to present the Northwest Territories (NWT) Health and Social Services System Annual Report for the fiscal year 2013/14. This report outlines the Department of Health and Social Services' (Department) progress in achieving its goals and objectives in the delivery of high quality, patient-centered care to residents of the NWT.

The Department invests across a wide spectrum of programs and services aligned with the Department's mandate to provide high quality health and social services that support our vision, mission and goals. This Annual Report highlights milestones the Department has achieved towards fulfilling our commitments within the strategic plan.

In 2013/14, the Department spent approximately $391 million on ambulatory care, community health programs, community social programs, diagnostic and therapeutic services, nursing and inpatient services, supplementary health programs, and administration and support services. Over $254.1 million (65%) went directly to Health and Social Services Authorities under Core Funding Contribution Agreements. The 2013/14 fiscal year was a year of significant planning for the NWT health and social services system. Extensive consultation, planning and collaboration went into the development and publication of the Early Childhood Development Strategic Framework and Action Plan, the NWT Anti-Poverty Strategic Framework and Action Plan, as well as the update to the Mental Health and Addictions Action Plan. These plans represent a significant investment towards improving health outcomes of our population.

**Accountability Statement**

Under the *Medical Care Act*, the Minister of Health and Social Services is obligated to table a report on the operations of the Medical Care Plan. This report fulfills this obligation and my ongoing commitment to increased public accountability for the expenditures and performance of the NWT health and social services system.

Glen Abernethy

Minister of Health and Social Services

# Introduction

*Structure of the System*

The NWT health and social services system is a highly complex system that spans a number of service providers, professionals, Health and Social Services Authorities (HSSAs) and delivery partners from both within and outside the NWT.

The system is comprised of the Department, six regional Health and Social Services Authorities, the Tłı̨chǫ Community Services Agency (TCSA) and the Stanton Territorial Health Authority (STHA). In addition, there are a number of non-government organizations and community and Aboriginal governments, which play a key role in the delivery of many of the promotion, prevention and community wellness activities and services.

*Our Programs and Services*

Individuals can access a broad range of programs and services directly within their home communities, remotely through Telehealth and other e-health innovations, regionally, territorially or in some cases outside of the territory.

Under the current governance structure, each regional HSSA and the TCSA are responsible for providing access to the following programs and services:

- Diagnostic and curative services;
- Mental health and addictions services;
- Promotion and prevention services;
- Long-term care, assisted living and home and community care;
- Child and family services; and
- Rehabilitation services.

STHA is responsible for providing access to hospital services for all residents of the NWT. These services include:

- In-patient services;
- Critical care services;
- Diagnostic and therapeutic services;
- Rehabilitation services; and
- Specialist services.

In addition, more specialized diagnostic and treatment services are accessed outside of the NWT through contractual arrangements with Alberta Health Services.

Non-government organizations (NGOs) and community and Aboriginal governments also play a key role in the delivery of promotion and prevention and community wellness activities and services. The Department and the HSSAs fund NGOs for activities such as:

- Prevention, assessment, early intervention, and counselling and treatment services related to mental health and addictions;
- Early childhood development;
- Family violence shelters and awareness;
- Long term care;
- Dementia care;
- Tobacco cessation;
- In-house respite services for families with special needs; and
- Health promotion activities related to healthy choices.

*Our Employees*

The NWT health and social services system is based on frontline service delivery where qualified, experienced and caring professionals work to meet the needs of our residents. Our success depends on the hard work, dedication and commitment of our staff who continually improve the quality of services delivered.

Often, when people access the health and social services system, they are not well; they are vulnerable, and in some cases suffer with mental health or addictions issues. In order to effectively meet the diverse needs of our residents, the Department relies on the skills of a broad range of health and social services professionals and frontline service providers.

The Government of the Northwest Territories (GNWT) is committed to developing a northern workforce to promote sustainability and to ensure culturally appropriate care. Affirmative action policies ensure that Aboriginal and non-Aboriginal Indigenous applicants are given priority in the hiring process.

As of March 31, 2014, there were **1,344** funded positions in the HSSAs and **174** employees in the Department. Approximately **67%** of the HSSAs' budgets is allocated to compensation and benefits.

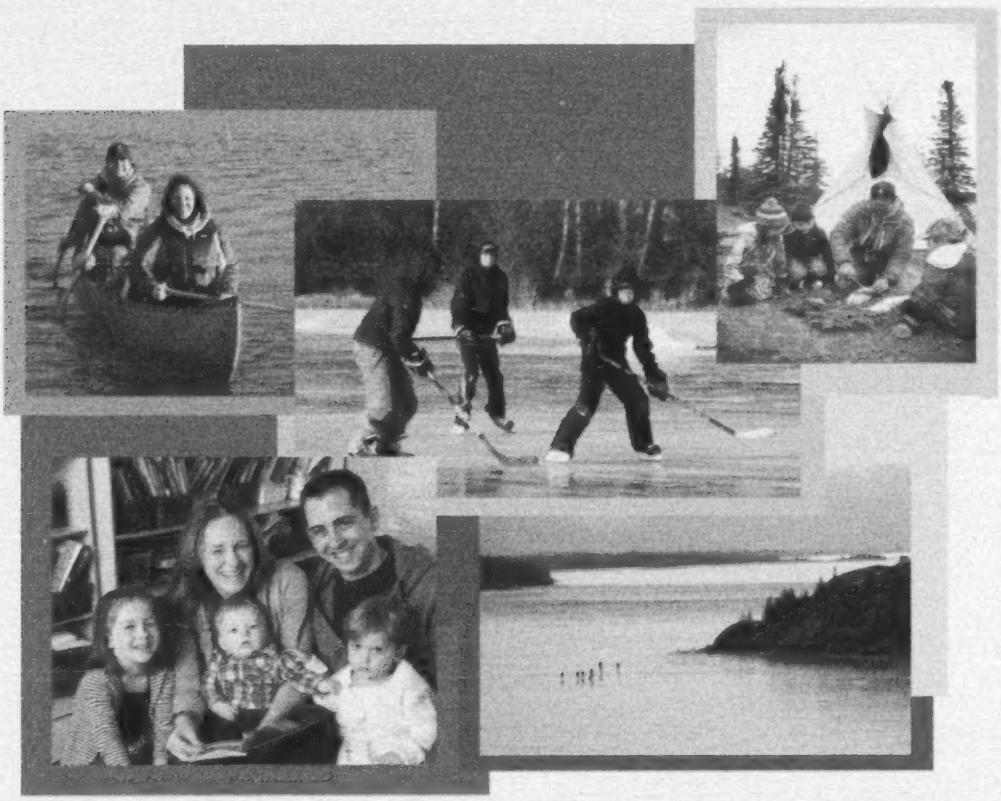
# Achieving Our Priorities

2013-2014 was the third year of implementation of our strategic plan, *Building on our Foundation 2011 – 2016.*

Strategic Priorities

1. Enhance services for children and families
2. Improve the health status of the population
3. Deliver core community health and social services through innovative service delivery
4. Ensure one territorial integrated system with local delivery
5. Ensure patient/client safety and system quality
6. Outcomes of health and social services are measured, assessed and publicly reported

Over the first three years, the Department made significant progress and many of the actions identified under these priorities are now substantially complete and have been transitioned into day-to-day business.



# Priority One
## *Enhance services for children and families*

***Supporting early childhood development in the NWT***

*Right From the Start: A Framework for Early Childhood Development in the NWT* was developed in collaboration with the Department of Education, Culture and Employment (ECE) and will guide the actions of the GNWT for the next 10 years. The framework is built on past experience, feedback from extensive public engagement, and a thorough review of research and best practices. It will guide future action plans and departmental business plans to ensure ongoing GNWT commitment and investment to support early childhood development (ECD) in the NWT.

The first Action Plan was released in February of 2014 for the 2014/15 and 2015/16 fiscal years and has detailed actions aimed at achieving the goals of:

- Increased accessibility of and participation in ECD programs, services and supports for children and families;
- Enhanced quality of ECD programs, services and supports; and
- Improved integration and collaboration at all levels of the ECD system.

The ECD Action Plan includes commitments aimed at improving outcomes for our most vulnerable population; those 0-3 years of age. The commitments and associated actions span promotion and prevention, pre-natal programming, post-natal care, early intervention, and access to quality, affordable early learning programs and child care services.

The development of a ten year monitoring, reporting and evaluation plan ensures accountability for continuous quality improvement and reporting on the progress in achieving our stated goals for ECD.

Implementation of this action plan will address many recommendations made by the Office of the Auditor General and the recommendations from the 16th Legislative Assembly Standing Committee on Social Programs.

### *Action 1.1: Access to plain language information and material on the Child and Family Services Act and related programs and services.*

Eight plain language brochures were published to help parents receiving services to better understand and prepare for the next steps.
The brochures produced were:

- *What to do if you think a child is being abused or neglected;*
- *Voluntary Services: How can Child and Family Services Help my Family?;*

- *Child and Family Services (CFS) – Information for young people;*
- *My child has been apprehended. What now?;*
- *Dealing with child protection matter in court;*
- *What happens to a child in care?;*
- *Plan of care Agreements; and*
- *Child and Family Service Committees.*

The Department also published a plain language handbook to help youth transition out of care and into adulthood. The handbook provided information to help them navigate resources and available services. To make sure the Department is meeting the needs of NWT residents, plain language materials were also made available in French, Tłı̨chǫ, Chipewyan and North Slavey on a toll-free line.

As a part of our continuous quality improvement efforts, the Department will be putting a survey on our website to gather feedback from the public and professionals, learn what is working well and identify areas for improvement.

### *Action 1.2: Provide support to communities to establish Child and Family Services Committees where communities identified willingness and the capacity to do so.*

The intention of Child and Family Service (CFS) Committees is to allow for better community level decision-making in child protection matters. It is anticipated that the proposed amendments to the *NWT Child and Family Services Act* will help address identified barriers.

### *Action 1.3: The Department will propose appropriate amendments to the Child and Family Services legislative framework.*

Amendments to update the *Child and Family Services Act* are being developed. The amendments to the Act will address many recommendations made in response to the recent review of Child and Family Services undertaken by the Office of the Auditor General. The amendments to the Act will also address the recommendations brought forward by the Standing Committee on Social Programs in its review of the Act during the 16th Legislative Assembly.

### *Action 1.4: Implement respite support in small communities for individuals and families with children with disabilities.*

Standards, policies and procedures were finalized and work was initiated on developing an integrated case management model across the continuum of care. Community based respite programming was implemented in Yellowknife, Dettah, N'Dilo, Fort McPherson and Fort Good Hope, in addition to increased hours of support available in Colville Lake.

### *Action 1.5: Expand the Healthy Family Program to two additional communities per year, as resources allow.*

The Healthy Families Program provides in-home services to families with children under three. The program is a voluntary, intensive, early childhood intervention home visiting program designed to improve the lives of children through promoting nurturing parent-child relationships. The program is now available in 15 NWT communities, well above the target of eight. Train-the-trainer education was provided to regional program coordinators to build capacity and help future expansion. The regional coordinators are now certified to train current and new staff to deliver the *Growing Great Kids Inc.* program.

To better meet the needs of Healthy Family Collective Kitchen Program clients, more traditional foods and familiar choices, such as whitefish, chowder, bannock and berries, were used in the nutritional education and healthy food preparation component of the program.

### *Action 1.6: Modernize Child and Family Services training available to families, communities, band administrators and providers.*

Statutory training for Child Protection Workers was revised and modernized to reflect current practices. Forty Child Protection Workers received Advanced Child Abuse Investigation training. Adoption training was provided twice in regional HSSAs.

During the year, community based training was provided to all communities and the modernized statutory training was provided to all Child Protection Workers. Additionally, Parent Resource for Information Development and Education (PRIDE) training was delivered in all regions this year for new and experienced foster parents.

### *Action 1.7: Provide persons with disabilities appropriate access to sustainable programs and services.*

The Department provides support to persons with disabilities through programs such as:

- Home care;
- Respite;
- Day programs;
- Assisted living programs;
- Employability programs;
- Rehabilitation programs; and,
- Residential treatment programming through CFS.

The Department also supports NGOs that provide services for people with disabilities. In 2013/14 the Department provided the NWT Disabilities Council $394,500 to support:

- Respite services to families in Fort Smith, Deline, and Aklavik;
- Information, referral and support programs;
- A toll free information line;
- Community outreach programming;
- NWT disabilities awareness week; and
- An accessible parking permit program.

The Department contracts with accredited agencies in Alberta, British Columbia and Saskatchewan to provide specialized residential treatment care for both children and adults with severe medical or psychological conditions that cannot be treated in the North. Patients receiving out-of-territory care generally have difficult to treat conditions, with some also requiring alcohol and drug addictions services. A review of these out-of-territory placements was initiated in 2013/14.

Under this Action, the Department committed to undertake a review of existing disability-related programs and services. A review of respite services across the NWT was completed. Standards, policies and procedures were finalized and work was initiated on developing an integrated case management model across the continuum of care. Community based respite programming was implemented in Yellowknife, Dettah, N'Dilo, Fort McPherson and Fort Good Hope, in addition to increased hours of support available in Colville Lake.

### *Action 1.8: Provide community education workshops related to the Child and Family Services Act.*

The Department developed a standardized CFS community education module for the HSSAs to use to engage communities and promote education in the area of child protection and adoption services.

### *Action 1.9: Develop information sharing protocols with partners to improve case management.*

In 2012/13, an interdepartmental working group was established by the Department of Justice (DOJ), with participation from the Department of Health and Social Services, ECE and the NWT Housing Corporation (NWTHC) to develop an approach for integrated case management of common clients involved with the criminal justice system. In 2013/14, funding was approved for an Integrated Case Management pilot project, with roll out in 2014/15.

The pilot represents a fundamental change to the way GNWT departments deliver services. The pilot project's objective is to create, foster and deliver a coordinated, collaborative, multi-departmental, client-centered approach that removes barriers and bridges service gaps for common clients with complex needs. In addition, these pilots will inform appropriate information sharing protocols.

This integrated case management approach supports the goals identified in a number of GNWT reports and strategies including the Anti-Poverty Strategic Framework, Mental Health and Addictions Action Plan and the ECD Strategic Framework.

### *Action 1.10: Work with communities to enhance the recruitment and support of foster parents in the NWT.*

The primary goal of foster care is to ensure the safety and well-being of vulnerable children. The Department works in partnership with the NWT Foster Family Coalition to raise awareness of fostering and adoption and to co-deliver training to new foster parents and adoptive parents in the region.

To adequately support children in foster care, the Department initiated a review of foster rates.

The Department, in collaboration with the NWT Foster Family Coalition, developed *The Foster Family Guide*, a handbook for foster parents with guidance on common issues related to fostering and information about available supports. PRIDE training is also offered to all foster/adoptive parents across the NWT.

### *Action 1.11: Publish plain language Child and Family Services practice standards.*

The CFS Standards and Procedures Manual revisions are well underway and will be implemented in early 2015. The revised Manual provides Child Protection Workers (CPWs) with practice expectations, along with up-to-date resources to support work and interactions with children and their families. The layout of the Manual and its information is designed to be user friendly and outline processes to achieve identified measurable standards. Each standard is clearly written and associated with related sections of the *Child and Family Services Act* or departmental policies, identifying the procedures when CPWs practice is required.

### *Action 1.12: Partner with communities to develop culturally appropriate child development and prenatal programming.*

The Department continues to work with regional and community stakeholders to promote local initiatives that engage families who are at-risk. Initiatives in this area include oral health, nutrition, physical activity and healthy child development information in ECD programs.

# Priority Two
## *Improve the health status of the population*

### *Action 2.1: Access to culturally relevant programs, information and tools to achieve better health outcomes.*

Through the Aboriginal Health and Community Wellness Division, Community Wellness Plans were established to allow communities to identify their health and wellness needs. Identifying and addressing community-specific needs allows the Department to move away from 'one-size-fits-all solutions' and enables delivery of programs and services tailored for each community. The division also provides communities with prevention and promotion support and looks for ways to integrate traditional healing into primary care.

***Supporting Individuals in their Cancer Journey***

*Cancer Sharing Circles*

Cancer sharing circles allow community members to learn about cancer, speak about their concerns and identify community based activities to deal with the issue of cancer. Community members and healthcare professionals have the opportunity engage in meaningful dialogue, thus strengthening collaboration between communities and the health system.

*Cancer Terminology Development*

In some of the NWT's official languages, the word "cancer" and other cancer-related terms do not translate well, or may not even have a translation. When individuals do not have the words to speak productively about cancer, it becomes more difficult to break down barriers caused by fear, stigma, and lack of knowledge. The Department is planning to work with its partners and Elders throughout the territory to develop cancer terminology.

***Fetal Alcohol Spectrum Disorder Support***

Fetal Alcohol Spectrum Disorder (FASD) describes a range of disabilities resulting from exposure to alcohol during pregnancy. FASD is the leading known cause of preventable developmental disability among Canadians. FASD cannot be cured, so prevention and support are major focuses of FASD programming.

Support is provided for families with children affected by FASD and to women who are at risk of drinking during pregnancy. Support includes rehabilitation outreach, support groups and home visits. Through the ECD Action Plan, mothers at risk of drinking alcohol due to addictions receive priority referral to counselling services to prevent FASD.

*BETTER*

The Building on Existing Tools to Improve Chronic Disease Prevention & Screening in Primary Care (BETTER) project promotes the empowerment of individuals, families and communities to make informed choices about chronic disease screening and prevention, and the adoption of healthy lifestyle behaviors for middle aged individuals. The program provides tools to screen and support healthy lifestyle choices. BETTER has been introduced in all HSSAs and outreach to the communities has been initiated to develop a sustainable approach to meet the needs of NWT residents.

*Obesity and Weight Management*

Obesity is a growing concern in the NWT. People who are obese are also more likely to have diabetes, hypertension, and some forms of cancer. Ongoing community based programs and services continue to improve overall nutritional status and reduce, manage, or treat obesity for people of all ages. Initiatives include the promotion of breastfeeding and healthy eating to provide support for families. Health promotion programs include a traditional foods projects, training and education of low-income families, and continued access to culturally relevant programs, information and tools.

### *Action 2.2: Ensure access to comprehensive mental health and addictions (MHA) services by: increasing public understanding of MHA, integrating MHA programs into primary community care, improving access to services and increasing accountability.*

The Minister's Forum on Addictions and Community Wellness traveled to communities in every region to meet with leaders, caregivers, NGOs, and community members to hear ideas about community based solutions for addictions programming and supports. After reviewing the report, the Department released *Pathways to Wellness, An Updated Action Plan.* The Action Plan focuses on four key areas in order to address this priority:

- Promotion of understanding, awareness and acceptance;
- Focus on the person;
- Improving the availability of services; and,
- Improving effectiveness of services.

*Promotion of understanding, awareness and acceptance*

Mental Health First Aid (MHFA) for Northern Peoples aims to improve mental health literacy and provide skills and knowledge to help people better manage potential or developing mental health problems in themselves, friends, family, or colleagues.

Applied Suicide Intervention Skills Training (ASIST) teaches effective intervention skills while helping to create suicide prevention and support networks in the community. The program

gives community members the skills to help those who may be dealing with mental health issues.

In 2013/14, a total of 277 NWT residents received MHFA training and 133 residents received ASIST training. These awareness and training programs are now a part of core program delivery.

For youth, the Department is expanding 'Talking About Mental Illness', a program that brings together community agencies, schools, youth and those with mental illness to deliver awareness programs to secondary school students across the territory.

To further promote awareness and understanding, the Department and HSSAs celebrate a number of awareness events such as: Mental Health Week, World Suicide Prevention Day and NWT Addictions Awareness Week.

*Improving access to services*

Community based services like the Community Counselling Program (CCP) exist to offer personalized counselling and addictions support and assistance. The CCP is also used to develop community based and personalized addictions treatment plans and referral to other services, including residential treatment.

The NWT Helpline is available 24 hours a day and 7 days a week. The NWT Helpline assists residents with de-escalating immediate crisis situations, provides information on where and how individuals can get help, and provides referrals to community based services. Follow up calls with a Care Coach are also included.

In 2013/14, the Department provided $200,000 to fund three adult On-The-Land pilot projects focused on healing from addictions. The pilot projects were implemented in partnership with Aboriginal governments, the TCSA, Beaufort Delta and Yellowknife HSSAs.

In 2013/14, the Department received funding from Health Canada in the amount of $322,599 to strengthen addiction supports for youth in the NWT. These addiction supports included training staff to screen for mental health and addiction issues (early intervention), motivational interviewing skills and brief interventions. Training for trainers was held to ensure sustainability.

To better understand barriers to treatment, the Department surveyed clients of the Community Counselling Program across the territory. Overall, the results were very positive and the report can be found at http://www.hss.gov.nt.ca/sites/default/files/ccp-client-satisfaction-report.pdf.

### *Action 2.3: Chronic Disease Management (CDM) Model which integrates mental health into the CDM model.*

The Department has begun work on a comprehensive approach to chronic disease prevention and management which includes:

- Preventing chronic disease by educating and encouraging people to make healthy lifestyle choices.
- Effective screening to allow diagnosis of chronic disease at an early stage – so that it can be treated if possible and if there is no cure, the disease can be managed to prevent rapid deterioration of the individual's health status.
- Managing chronic disease to allow prevention of complications and reductions in hospitalizations, with a focus on supporting patients to understand how to manage their own disease

An important aspect of the strategy is integrating mental health and addictions into primary care delivery. MHA referral pathways were developed to ensure NWT residents are able to receive the services they need. To better link clients with services they require, the CDM evaluation recommended implementing MHA referral across the NWT. The pathways have been operationalized in many communities and work will be ongoing until implementation throughout the territory is completed.

### *Action 2.4: Improve communications so individuals and families know how and where to access services.*

Improved communications with our residents and stakeholders is an ongoing initiative. New mediums, new technologies and changes in programs and services require us to continually adapt the way the Department communicates with the public.

The Department continues to improve access to information for individuals and families. In October 2012, the Department implemented a System Navigator function to respond to questions to help with questions and concerns from the public about how to access services provided by the NWT health and social services system. From implementation to March 31st, 2014 the system navigator worked with 215 residents to help them get the services they need.

The Health and Social Services System Navigator can help by:

- Resolving concerns;
- Providing information on all health and social services available in the NWT;
- Connecting individuals and families with health and social services provider to address any issues or concerns; and
- Finding commonly used forms such as healthcare card or marriage license applications.

Culturally appropriate CFS materials were developed with input from former clients, NGOs and care providers. The materials were translated into French, Tłı̨chǫ, Chipewyan and North Slavey made available on a toll-free line.

The Department developed and launched a new website (http://www.hss.gov.nt.ca/) to improve access to materials and to better inform the public of programs and services that are available. The website also makes publications in various languages readily available.

*Action 2.5: Work with other GNWT departments, non-governmental organizations, and communities to raise awareness and reduce occurrence of family violence and elder abuse in the communities.*

The Department continues to work with partners to develop and implement community based solutions to raise awareness and reduce occurrence of family violence and elder abuse.

Partnerships were developed with NGOs in Yellowknife, Hay River and Fort Smith to develop programs for children exposed to violence and with the NWT Seniors Society to educate frontline care providers on elder abuse prevention.

The Department worked with regions and communities that do not have a family violence shelter to develop community specific and culturally appropriate protocols for Community Response Teams. Community Response Teams can be mobilized to provide needed support to people experiencing family violence.

*Action 2.6: Build community capacity to prevent and respond to suicide risks and other mental health events.*

The Department collaborated with partners in the Yukon and Nunavut as well as the Mental Health Commission of Canada to develop a Mental Health First Aid (MHFA) for Northern Peoples. The program a is a three day course designed to improve mental health literacy, skills and knowledge to help people better manage potential or developing mental health problems. The program is focused on a more northern context, and addresses topics such as determinants of health, Aboriginal well-being, holistic approaches and seasonal affective disorder.

Ongoing ASIST and MHFA suicide prevention training have been incorporated into core program delivery in the NWT. An ASIST 'train-the-trainer' program was also offered to teach regional HSSA staff how to teach the ASIST program. This investment will provide long term capacity building in suicide prevention programming for the NWT.

*Action 2.7: In partnership with communities, NGOs, Aboriginal organizations and other GNWT departments further implement the Healthy Choices Framework.*

Work continues under the Healthy Choices Framework. The Framework focuses on encouraging and supporting NWT communities, residents, and organizations to make safe and healthy choices.The Healthy Choices Framework is an umbrella with multiple coordinated programs and collaboration between the Departments of Health and Social Services, Municipal and Community Affairs (MACA), Transportation, ECE, and DOJ.

The multi-departmental umbrella coordinates:

- Effective public messaging that promotes healthy choices and related health determinants;
- Program delivery by departments and NGOs;
- Joint actions on shared mandate programs and other initiatives; and
- Joint initiatives, activities, research and reports on GNWT priority areas.

2013/14 initiatives carried out include:

- Smoke Screening
- Don't Be a Butthead
- Get Reel
- My Voice, My Choice
- Drop the Pop
- Respect Yourself
- Drowning Prevention Action Plan

More information regarding Healthy Choices programming can be found at www.choosenwt.ca

*Action 2.8: Work in partnership and provide support to communities, NGOs, Aboriginal organizations and other GNWT Departments addressing HSS related prevention initiatives geared at reducing homelessness and poverty amongst high risk groups.*

Addressing poverty in the NWT is an important priority of the 17th Legislative Assembly. *Building on the Strength of Northerners: A Strategic Framework for the Elimination of Poverty*, was released, followed by the GNWT Anti-Poverty Action Plan, highlighting government's efforts toward reducing the impacts of poverty and areas for action to decrease the prevalence of poverty in the NWT. The Strategic Framework will guide future investments under five pillars:

- NWT children and families are well supported
- NWT residents live healthy lives and are supported to reach their full potential
- NWT residents have safe and affordable housing

- NWT communities are sustainable
- Services offered by the GNWT are integrated into a seamless continuum of services

An annual Anti-Poverty Fund of $500,000 was approved to financially support anti-poverty initiatives put forward by NGOs, Aboriginal organizations/governments and municipalities, beginning in 2014/15.

A Round Table was hosted that brought together stakeholders from around the territory. Representatives from the GNWT, Aboriginal governments, communities, NGOs and industry attended. The initial Round Table identified priorities and agreed upon how to move forward. All 24 stakeholders in attendance signed on to the Anti-Poverty Charter, signifying a willingness to work together to reduce poverty in the NWT.

An Advisory Committee was formed to lead the development of Territorial Anti-Poverty Actions. This Committee is a collaboration between GNWT Departments, Aboriginal government and NGOs with a vested interest in eliminating poverty. The development of a Territorial Action Plan is ongoing.

## Priority Three

## *Deliver core community health and social services through innovative service delivery*

*Action 3.1 Update and modernize the Integrated Service Delivery Model to ensure that residents of the NWT have appropriate access to basic health and social services as needed.*

A review was completed to identify programs and services and to assess barriers under the existing service model. The review will be used to inform the next phase of planning as the Department transitions to an integrated system with a single territorial authority.

*Action 3.2: Develop a Territorial Midwifery Program to allow patients to access safe, quality services as close to home as possible.*

The Department is committed to the ongoing delivery and enhancement of midwifery services in the NWT. Consultation was completed with Hay River and initiated with the Beaufort Delta HSSA. There are four clinical midwifery positions in the NWT: two in the Fort Smith HSSA and two in the Hay River HSSA. Expanding the midwifery program to additional HSSAs will require extensive consultation and time to ensure successful implementation. Consultations will continue to identify other regions where midwifery services could be added as the Department continues to roll out a territorial midwifery program.

*Action 3.3: Develop Med-Response, a network of pooled expertise to support care providers in the field and provide oversight and expertise for medical evacuations and travel. This will include a virtual clinic to ensure ongoing support.*

Med-Response will connect frontline healthcare providers in the communities with appropriate support from a nurse practitioner, emergency physician or specialist and provide air ambulance service in one coordinated call.

The Med-Response system is breaking new ground in Canada. Other jurisdictions have set up call centres for air ambulance triage and dispatch and for clinical consultation, but NWT is the first to combine these functions into one call centre.

Preparatory work was completed to support Med-Response. This included developing phone and computer systems, developing Standard Operating Procedures to ensure consistent high quality services and a renovation to develop a space to support the program.

*Action 3.4: Training and support to allow families to care for individuals and loved ones in their homes where appropriate. This includes homecare that responds to higher acuity discharged patients as well as allowing seniors to age in place and palliative care.*

Across the territory, the number of trained home support workers was increased to allow for expanded hours of service for clients. Additional courses were delivered in Fort Smith and Fort Simpson to provide 'Supportive Pathways' training to home workers, resident care aides and program managers. Information sessions on caring for persons with dementia were also offered to the general public. Training for people who provide care builds capacity to allow people to stay home or in the community as long as possible.

*Action 3.5: Partner with communities, voluntary sector and Aboriginal organizations to develop home care support for individuals to remain in their homes and home communities for as long as possible.*

In addition to respite services offered through homecare, day and meal programs were offered to support people aging in their home and community.

The Department and HSSAs worked with MACA and the NWT Parks and Recreation on Elders in Motion (EIM) training for frontline workers. A total of 26 participants from home care, Elders Day programming, occupational therapy, physiotherapy and foot care nurses from six regional HSSAs attended the EIM training.

The Department also worked in partnership with the NWTHC to ensure the design of the seniors' independent housing project allows space for delivering social programs, meals, EIM, and home care support. We traveled with NWTHC to four communities (Whati, Fort McPherson, Fort Liard and Fort Good Hope) to share information on the project and obtain input into the design. Designing community facilities to meet the needs of seniors will provide better resources to age closer to home for as long as possible.

*Action 3.6: Implement actions and changes required to allow homecare to respond to early discharge from southern hospitals and NWT acute care facilities. As well as assisting seniors to age in place.*

*Planning to better meet the needs of our aging population*

Home and community care is a high priority for significantly improving health outcomes and care experiences for elders and people with chronic disease. A review of the Continuing Care Services was completed, which informed the strategic framework *Our Elders – Our Communities* to assist elders to age in place. Based on a review of best practices across Canada,

recommendations from other reports and feedback from communities, the following seven areas for action have been identified:

- Healthy and active aging
- Home and community care services
- Integrated and coordinated service delivery
- Caregiver supports
- Elder responsive communities
- Accessible and current information
- Sustainable best practices

*Celebrating innovation*

Through innovative approaches in the Sahtu HSSA, staff recognized a benefit of assessing people in their homes. This provided a much more holistic assessment and freed up time for homecare workers who did not need to drive clients back and forth to appointments at the clinic. The assessment process and form will be redesigned to better reflect an interdisciplinary approach to providing care.

*Training initiatives*

Frontline providers were given training on palliative care, home intravenous therapy, wound and ostomy care, foot care, and chronic disease management. Advanced foot care training was provided to nurses from across the NWT and the Department worked with Aurora College to train home support workers and resident care aides. This added capacity will help meet community needs, allowing seniors to stay as close to home as possible while still receiving the care they need.

### *Action 3.7: Ensure that residents of the NWT are protected from injury and disease*

Prevention and awareness programs protecting NWT residents are a core part of the Department's mandate. *Building on our Foundation* commits the Department to producing and publishing a comprehensive Territorial Injury Report to inform injury reduction strategies. The Department also committed to providing families with support to control infections such as *Methicillin-resistant Staphylococcus* (MRSA) and tuberculosis (TB).

Specialized TB prevention and treatment training was provided to one pediatrician and two communicable disease specialists to support frontline clinic staff across the territory with case management and TB treatment.

MRSA clinical practice guidelines were implemented across the territory to ensure patients receive the best care possible – no matter where they receive treatment. The Department met

with partners from western Canada, the Public Health Agency of Canada and the National Medical Laboratory to share best practices related to MRSA and evaluate community MRSA interventions.

The Territorial Injury Report is nearing completion with expected publication in early 2015. The report is the result of collaboration through an inter-jurisdictional working group led by the Department. The report will demonstrate trends, identify risks factors and at risk populations and serve as a resource document for informing injury prevention programming through evidence-based strategies.

*Action 3.8: Build capacity to ensure that residents of the NWT are protected from injury and disease including the capacity to control infections.*

NWT Water Smart is a community leadership training and education program for drowning prevention. The training was conducted in 28 communities with regular follow-up.

The NWT has 10 certified car seat technicians spread across all HSSAs. Certified car seat technicians are trained to provide advice to parents in the proper installations of car seats to reduce injuries of young children in motor vehicle accidents.

Falls prevention indicators were developed and will guide the development of a Falls Prevention Framework. The Falls Prevention Framework will outline areas of action needed to reduce the number of injuries due to falling in the NWT.

Five hundred bicycle helmets were distributed throughout the NWT communities and brain injury education is on-going in schools.

Specialized TB training was provided to ensure clinic staff across the territory are using best practices in TB case management and treatment.

*Action 3.9: Integrate and modernize consistent standards, policies, best practices and decision making tools across the system. These may include community health nursing standards, management of chronic disease, renal dialysis, continuing and long term care standards and clinical standards.*

In order to promote the consistent delivery of evidence-based patient care, the Department implemented a Clinical Standards Steering Committee (CSSC). The CSSC will streamline the process of identifying needs for reviewing existing and developing new clinical standards and practice guidelines. Members of the CSSC include representatives from the Department, the Medical Directors Forum and the Nursing Leadership Forum. By developing a standardized process the Department ensures a reduced variation in practice, equitable care to all residents and quality improvement is part of our ongoing business.

*Action 3.10: Continue to use technology such as Telehealth, DI/PACS and electronic health records, to improve access to specialists.*

The use of innovative e-Health and social services technology is essential for improved continuity of care and improved client outcomes. Technology enables the fast delivery of quality healthcare across the NWT by linking healthcare professionals with patients and with each other, regardless of where they are.

New technologies such as Electronic Medical Records (EMR) are being used in the NWT to improve access to patient information and to enable better healthcare decisions. EMR is transforming the way information is captured, integrated, and shared – leading to better care and better health outcomes. EMR is up and running in clinics in Yellowknife, Hay River and Fort Smith with future plans to link all healthcare providers across the NWT.

Additional territory-wide technology aimed at supporting effective information sharing and patient care is included below.

- Telehealth services were made available in every NWT community that has a health centre or school. Patients in communities are now able to access a variety of specialist services without leaving their community.
- Digital Imaging Picture Archiving and Communication System (DI/PACS) was introduced throughout the territory to seamlessly move medical images, such as x-rays, between health professionals. The DI/PACS system allows healthcare providers outside of Yellowknife to access radiology expertise, without the need for their patients to travel to Yellowknife or Edmonton.
- A territory-wide Lab Information System (LIS) was introduced. The new LIS shares medical lab results quickly and effectively from the lab to healthcare providers and patients. The LIS allows for health information sharing between facilities, meaning that patients can have their procedure performed in their home community, have the tests sent to Yellowknife and then have the results made quickly available to healthcare teams back in their community.

## Priority Four
## *Ensure one territorial integrated system with local delivery*

*Action 4.1: Appropriate access to services through a comprehensive and modern GNWT medical travel system and policy.*

A review was completed on the Medical Travel Program's practices, protocols and procedures. The review is being used by the Department to re-develop the Medical Travel Policy. Elements of the Medical Travel Policy currently being updated are patient supports (escorts), benefits and eligibility. Changes made to this Policy will be fundamental to ensuring residents of the NWT are able to receive the timely care and supports they need.

*Action 4.2: Establish appropriate governance and accountability structures through role clarification, appropriate financial and accountability agreements and grants and contribution programs. Amend NGO agreements to focus and fund on outcomes.*

Funding agreements with HSSAs have historically had limited accountability requirements. The agreements were mostly limited to financial reporting and not tied to program and service delivery. The Department updated the contribution agreements with HSSAs, enhancing reporting and monitoring requirements. To improve data quality and consistency across the system, the Department updated the Financial Chart of Accounts used by the HSSAs. This will ensure all HSSAs are measuring and reporting on the same system-wide accountability measures.

*Action 4.3: Establish an NWT system governance and accountability structure to ensure system leadership, risk management and accountability which links with the GNWT and ensures a one system approach.*

A proposal for a new governance structure to improve and integrate service delivery was developed. Under the new structure, patients can expect better integrated care that meets the changing demands of the system. This will be achieved by integrating our eight HSSAs into a single authority responsible for overseeing the entire NWT health and social services system. Along with reducing administration and professional recruitment costs, this will increase access to services for our residents as well as standardize and improve the level of care.

Work to develop an accountability framework is ongoing and will continue to evolve as we transition to the new structure.

Work is underway to improve accountability for the performance of the NWT health and social services system. Work continued on a performance measurement framework and initial set of

system-wide performance indicators for release in early 2015. Performance measures will no longer be reported through the Annual Report.

Initial steps were taken to develop a system-wide risk management model. The Department and the HSSAs identified where risk exists in the system as well as the types of risk management systems being used. Next steps will include developing a model for integrated risk management across the NWT health and social services system and prioritizing which identified risks require mitigation strategies.

*Action 4.4: Support Human Resources in developing a comprehensive recruitment plan for the HSS system including a service level agreement for recruitment and retention processes and activities that clearly sets out roles and responsibilities, timelines, and services to be delivered.*

The Department took over the mandate to provide leadership and services in the planning, development and management of strategic human resources for the Department and the HSSAs. A division was created within the Department to carry out the mandate and the first task was to develop a Human Resources Strategic Plan. The new plan will guide future programs and strategies to ensure the right staff, with the right skills, are in the right place to provide needed services to NWT residents.

*Action 4.5: Develop and implement appropriate governance and accountability structures for medical travel linked with back office service delivery.*

The NWT health and social services system is moving forward with designing and implementing a new integrated governance structure. Re-designing the medical travel governance will become a part of the larger process.

*Action 4.6: A modern Legislative Framework that supports the mandate of the NWT Health and Social Services system.*

The Department is on track for legislative initiatives to support a modern and comprehensive legislative framework. For more information on the Department's progress on its Legislative Framework refer to Appendix 3.

*Action 4.7: Infrastructure planning to ensure modern, safe facilities and medical and other equipment that meets current infection control standards to promote efficient service delivery.*

Significant work has been completed on infrastructure projects throughout the NWT health and social services system.

- New healthcare centres are being planned and or built in Hay River, Fort Providence, Norman Wells, Fort Resolution and Behchoko.
- New long term care facilities are being built in Behchoko and Norman Wells.
- Planning studies are under way in Tulita and Fort Simpson to determine how infrastructure changes can best meet the needs of frontline staff, clients and patients.
- The planning study for Stanton Territorial Hospital is complete. The next step is to proceed into the procurement process and finalize the procurement method to be utilized for the redevelopment.

## Priority Five
## *Ensure patient/client safety and system quality*

*Action 5.1: Ensure that individuals and families are informed of their role in accessing treatment and care and the role of the family in supporting individuals undergoing treatment or care.*

Under this action, the Department committed to disseminate plain language information for the public on palliative care and the role of family and personal directives. The Department further committed to develop regional supports for palliative care.

The Department has drafted a plain language Care Givers Guide to inform people who are, or anticipate, providing care for loved ones. The Care Givers Guide provides information on end of life decisions and palliative care.

Along with the HSSAs, the Department began work on developing a Palliative Care Framework. Once completed, the Framework will promote and support a palliative care approach as the model for care for the NWT. The Department participated in the national Palliative and End of Life Care Initiative to share and learn best evidence based practices with leading experts in the field of cancer and end of life care planning. This knowledge translation exercise will play a role in the development of the new Framework.

The Department is using technology to link professionals in the communities to important resources such as evidence and best practices, other professionals with advanced palliative training, resources with information on end of life care for patients and families and direct palliative support through the Canadian Virtual Hospice.

*Action 5.2: Enhance retention of qualified staff by working with communities and partners to ensure that front line health and social services workers are provided with a safe and welcoming environment in which to work and live.*

The Department and the HSSAs have policies and procedures in place that both ensure staff safety and a sense of comfort in their workplace. Staff are trained in non-violent crisis-intervention to de-escalate situations.

To increase staff retention and to consistently work toward best practices, the Department and HSSAs regularly invest in education opportunities for staff and professional development opportunities for staff requiring training to maintain their license to practice. For example, professional development money is available for many frontline care providers to attend training in order keep their clinical skills and knowledge up-to-date.

*Action 5.3: Develop and implement a Pharmaceutical Strategy to improve management of drugs and other pharmaceuticals.*

The Department is working on developing a pharmaceutical strategy. This strategy will build on work that has been done over the past few years, including an Alberta Blue Cross report *Pharmaceutical Strategy Policy Options for the Government of the Northwest Territories* in 2012 and an ongoing analysis led by the Program Review Office in the Department of Finance.

*Action 5.4: Improve territorial standards for prevention and control of infections in healthcare facilities. Build system capacity and oversight.*

A new NWT Infection Prevention Control Manual was released. It contains all the standards of practice required by healthcare facilities to prevent and control the spread of infectious diseases. The manual has been distributed throughout the NWT. HSSAs are responsible to implement and audit these standards within their facilities and clinic/services settings.

*Action 5.5: Complete and implement an NWT Accountability Framework for Patient Safety to ensure ongoing improvement of patient care.*

To improve the communication and sharing of best practices, representatives from the Department and the HSSAs established a territorial Patient Safety working group. The working group is reviewing current organizational practices, with the aim of standardizing practices, procedures and reporting.

## Priority Six
## *Outcomes of health and social services are measured, assessed and publicly reported*

*Action 6.1: Monitor and report on client and patient satisfaction with their access to and experience with the health and social services system.*

The Department continues to conduct client satisfaction questionnaires each year. Patient satisfaction with healthcare services is measured every second year, alternating with client satisfaction with social services and programs. The results of the questionnaires are available on the Department's webpage (http://www.hss.gov.nt.ca/). Overall, the satisfaction with services provided is high.

*Action 6.2: Improved monitoring and reporting of information.*

During the life of the Department's Strategic Plan, *Building on our Foundation*, annual reports have been released to the Legislative Assembly and the public on 44 actions and 36 performance measures included within this report. Transparent and public reporting is a priority of the Department which will continue and be improved upon.

*Action 6.3: Address the data compatibility issue and increase capacity for data collection, analysis, monitoring and reporting. This will allow HSS to monitor the performance of the system and publicly report.*

The NWT health and social services system does not currently have consistent system-wide data collection platforms which is especially relevant in the social services and child and family services areas. There are a number of initiatives planned or underway that will help address the data capacity issues.

The Department continues to work with our partners on the integration of the NWT health and social services system, recognizing the authority of Health and Social Services Boards and Aboriginal governments. System integration will increase capacity for data collection, analysis, and reporting as well as standardize processes and platform.

The Department will propose amendments needed to the *Hospital Insurance and Health and Social Services Administration Act* to increase accountability and improve system integration.

The *Health Information Act* (HIA) Bill was passed in March 2014. Implementation activities, such as staffing and development of regulations, are underway. The Act is to come into force in 2015-16. The purpose of the HIA is to set out a modern framework governing the collection, use, disclosure, and access of personal health information.

Innovations such as e-Health and social services technology will provide consistent platforms for data collection, analysis, monitoring and reporting. This, along with other significant initiatives will allow the Department to more effectively monitor and publicly report on the performance of the system.

# Financial Highlights

In 2013-14, the Department spent approximately $391 million (Table 1). Over $254.1 million (65%) went directly to HSSAs under Core Funding Contribution Agreements (Table 2).

*Table 1*

**2013-14**
**Expenditures by Activity**
(Thousands of dollars)

| Activity | Actuals |
|---|---|
| Administration and Support Services | 72,004 |
| Ambulatory Care Services | 68,065 |
| Community Health Programs | 138,950 |
| Community Social Programs | 25,869 |
| Diagnostic and Therapeutic Services | 22,594 |
| Nursing and Inpatient Services | 33,470 |
| Supplementary Health Programs | 30,027 |
| | **390,978** |

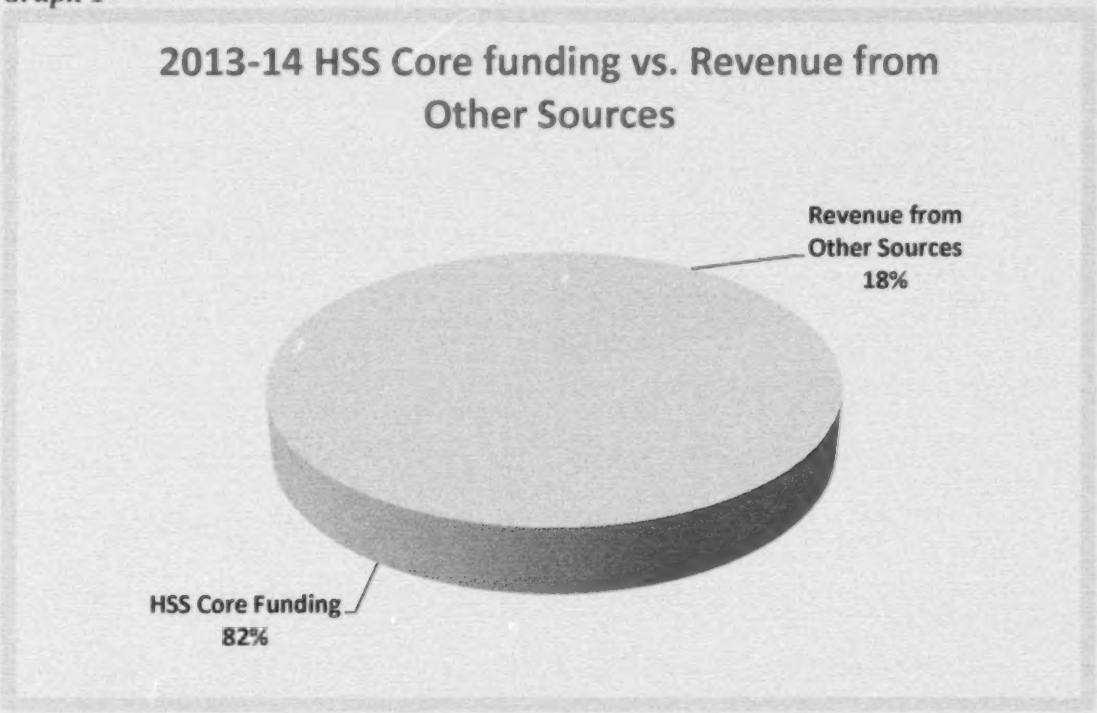
In 2013-14, the HSSAs spent $321 million – over $9 million more than funds available, resulting in a $9.1 million net operating deficit (Table 3). Per Graph 1, 82% of Authority's revenues flow from the Department. The remaining 18% flows from other sources such as client co-payments and third party billings.

*Table 2*

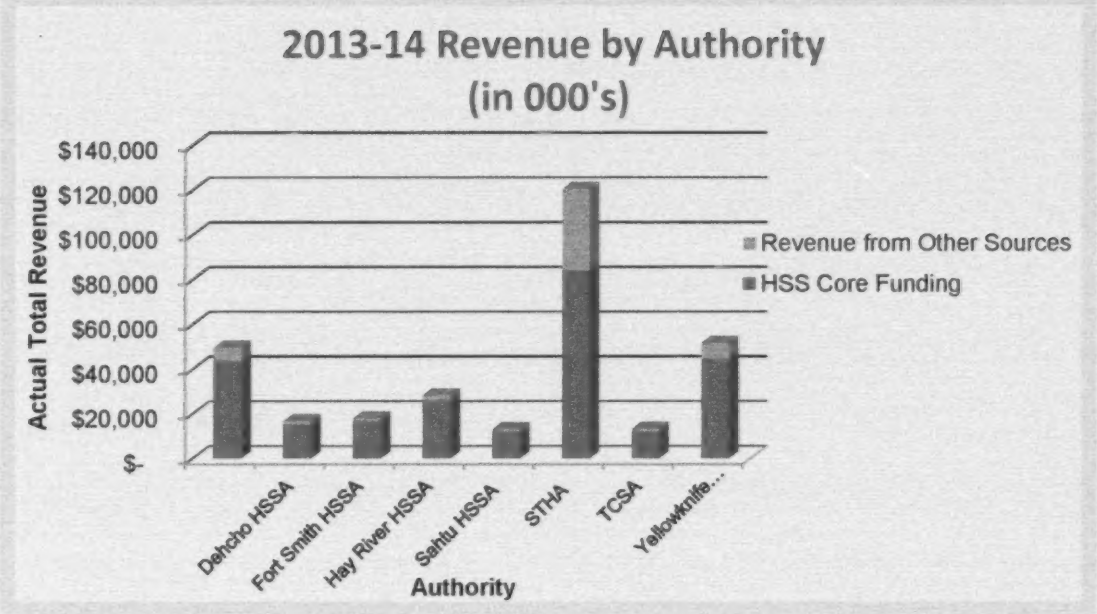
**2013-14**
**Authority Funding**

| Authority | HSS Core Funding | Revenue from Other Sources | Actual Total Revenue |
|---|---|---|---|
| Beaufort-Delta HSSA | 43,563,000 | 6,048,497 | 49,611,497 |
| Dehcho HSSA | 15,313,466 | 1,505,263 | 16,818,729 |
| Fort Smith HSSA | 16,717,000 | 1,282,527 | 17,999,527 |
| Hay River HSSA | 25,911,000 | 2,392,384 | 28,303,384 |
| Sahtu HSSA | 11,945,618 | 1,324,095 | 13,269,713 |
| STHA | 83,957,155 | 36,685,452 | 120,642,607 |
| TCSA | 11,988,191 | 1,340,202 | 13,328,393 |
| Yellowknife HSSA | 44,723,000 | 7,038,200 | 51,761,200 |
| Total | $ 254,118,430 | $ 57,616,620 | $ 311,735,050 |

*Graph 1*




*Graph 2*




*Revenue from Other Sources includes any approved expenditures from surplus or surplus redistribution

In 2013-14, of the 6 HSSA, STHA, and TCSA, seven incurred annual operating deficits. At March 31, 2014 all HSSAs with the exception of one were in an accumulated deficit position, totaling over $23 million, not including the $15.7 million in unfunded employee leave and termination benefit liabilities.

*Table 3*

**2013-14**
**Final Results**

| Authority | Revenue | Expenses | Operating Surplus /(Deficit) | Accumulated Surplus/(Deficit)* |
|---|---|---|---|---|
| Beaufort-Delta HSSA | 49,611,497 | 52,194,696 | (2,583,199) | (6,147,207) |
| Dehcho HSSA | 16,818,729 | 18,225,494 | (1,406,765) | (2,429,628) |
| Fort Smith HSSA | 17,999,527 | 19,295,195 | (1,295,668) | (2,745,031) |
| Hay River HSSA | 28,303,384 | 29,437,096 | (1,133,712) | (1,540,086) |
| Sahtu HSSA | 13,269,713 | 13,426,762 | (157,049) | (281,135) |
| STHA | 120,642,607 | 122,639,774 | (1,997,167) | (9,823,056) |
| TCSA | 13,328,393 | 13,316,003 | 12,390 | 28,587 |
| Yellowknife HSSA | 51,761,200 | 52,326,764 | (565,564) | (583,411) |
| **Total** | **$ 311,735,050** | **$ 320,861,784** | **$ (9,126,734)** | **$ (23,520,967)** |

* Does not include unfunded employee leave termination benefits of $15.7 M

The 2013-14 net operating deficit of $9.1 million represents less than 3% of the total budget for Authorities. This has increased by 3.3 million over the 2012-13 deficit of $5.8 million. Health and Social Services continues to take steps to reduce this annual net deficit, including analysis of potential funding shortfalls and opportunities for system efficiencies through innovation and shared services. Despite these efforts, reducing the accumulated $23.5 million deficit will take time.

Human Resources continue to be the most significant cost to the HSSAs, with 1,344 active positions in 2013-14 (not including 77.5 physician positions). Expenditures for staffing, including physicians, totaled of $216 million in the HSSAs - approximately 67% of total expenditures.

*Table 4*

**Final Results**
**2013-14**

| Authority | Total Expenditures* | Total Expenditure on Compensation | Total Other Expenditure | Total Expenditure on Compensation % |
|---|---|---|---|---|
| Beaufort-Delta HSSA | 52,194,696 | 42,002,008 | 10,192,688 | 80.0% |
| Dehcho HSSA | 18,225,494 | 13,713,385 | 4,512,109 | 75.2% |
| Fort Smith HSSA | 19,295,195 | 15,183,308 | 4,111,887 | 78.7% |
| Hay River HSSA | 29,437,096 | 25,294,039 | 4,143,057 | 85.9% |
| Sahtu HSSA | 13,426,762 | 9,145,514 | 4,281,248 | 68.1% |
| STHA | 122,639,774 | 70,059,074 | 52,580,700 | 57.1% |
| TCSA | 13,316,003 | 9,204,421 | 4,111,582 | 69.1% |
| Yellowknife HSSA | 52,326,764 | 31,203,756 | 21,123,008 | 59.6% |
| **Authorities Total*** | $ 320,861,784 | $ 215,805,505 | $ 105,056,279 | 67.3% |
| Department | 132,700,280 | 21,491,407 | 111,208,873 | 16.2% |
| **HSS System Total*** | $ 453,562,064 | $ 237,296,912 | $ 216,265,152 | 52% |

* including revenue from other sources for Authorities

*Graph 3*

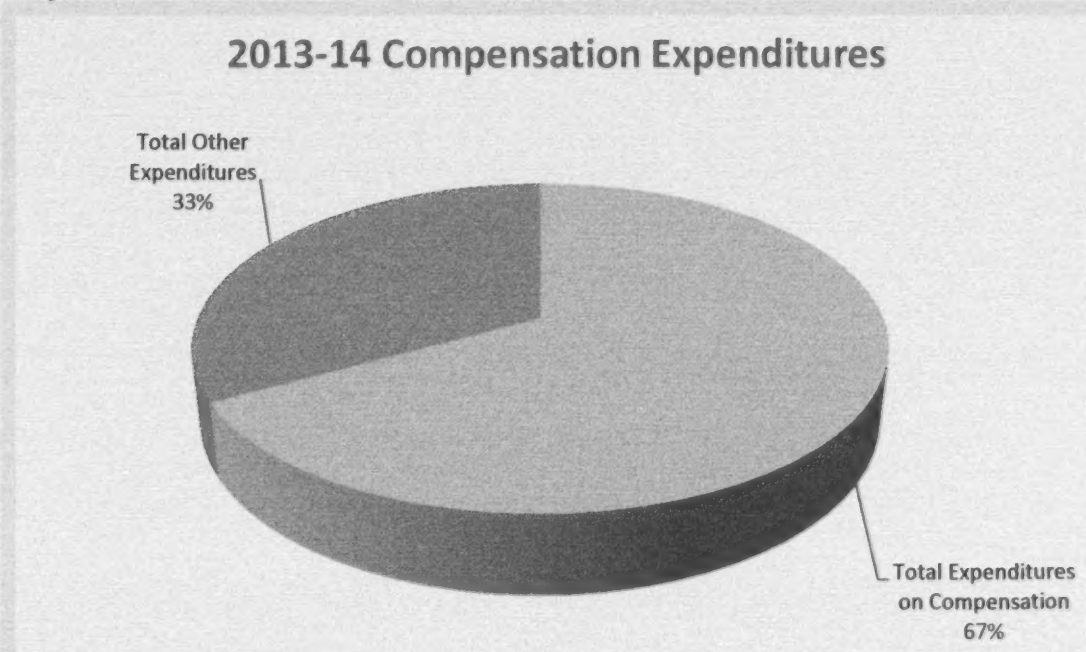


*Table 5*

**2013-14 Active Postions**
**(per the 2014-15 Main Estimates)**

| Authority | Indeterminate Full Time | Indeterminate Part Time | Total |
|---|---|---|---|
| Beaufort-Delta HSSA | 210 | 15 | 225 |
| Dehcho HSSA | 86 | 9 | 95 |
| Fort Smith HSSA | 97 | 14 | 111 |
| Hay River HSSA | 157 | 24 | 181 |
| Sahtu HSSA | 64 | 7 | 71 |
| STHA | 365 | 40 | 405 |
| TCSA | 78 | 14 | 92 |
| Yellowknife HSSA | 148 | 16 | 164 |
| **Authorities Total** | 1,205 | 139 | 1,344 |
| Department | 171 | 3 | 174 |
| **Total** | 1,376 | 142 | 1,518 |

Medical Travel, administered by STHA remains a significant cost-driver for the system. Expenditures for Medical Travel totaled $30.5 million in 2013-14. STHA recovered $12.3 million of these expenditures from co-payments, third party insurers, and other supplementary health programs including the Extended, Indigent and Metis Health Benefit programs. The net cost to the GNWT was $18.2 million, $3.2 million of which was available due to federal Territorial Health System Sustainability Initiative Funding.

This past year, the Department spent over $21 million for residential care placements in southern facilities for NWT residents to access services not available within the NWT. This includes services for residents with specialized cognitive or physical care needs. As the number of residents requiring these services has increased, so have the complexity of services required and the resulting costs of those placements. The annual percentage increase has grown in each of the past four years. Total expenditure in 2013-14 increased 16% from 2012-2013. It is expected that these out-of-territory placement expenditures will grow again in 2014-15.

# Appendices

Appendix 1
*Reporting on the Medical Care Plan*

Appendix 2
*Major Publications*

Appendix 3
*Summary of Legislative Agenda*

## Appendix 1 – Reporting on the Medical Care Plan

Under the *Medical Care Act* (MCA), the Minister of Health and Social Services is obligated to table a report on the operations of the Medical Care Plan. This appendix fulfills this reporting obligation. Although there is no similar legislative requirement to report on the Hospital Insurance Plan, information on this plan is included as it contains important medical services that residents may receive.

### *NWT Health Care Plan*

Residents registered with the NWT Health Care Plan (NWTHCP) are eligible for:

- insured hospital services under the Hospital Insurance Plan established under the *Hospital Insurance and Health and Social Services Administration Act* (HIHSSA); and
- insured physician services under the Medical Care Plan established under the MCA.

The Department administers both of these Acts in accordance with the program criteria required by the *Canada Health Act*. The plan is publicly administered, benefits are universal and comprehensive, and residents are able to move freely (are portable) to access services that are medically required. The Government of the Northwest Territories (GNWT) Medical Travel Policy provides assistance to residents who require insured services that are not available in their home community.

Eligibility for the NWTHCP is assessed in accordance with guidelines that are consistent with interprovincial agreements on eligibility and portability. As of March 31, 2014 there were 41,158 individuals registered under the NWTHCP.

### *Insured Physician Services*

Services provided under the MCA are medically necessary services provided by a physician in an approved facility. Some examples include:

- diagnosis and treatment of illness and injury;
- surgery, including anaesthetic services;
- obstetrical care, including prenatal and postnatal care; and
- eye examinations, treatment and operations provided by an ophthalmologist

Physicians must be licensed under the *Medical Profession Act* in order to practice in the NWT. On March 31, 2013, there were 444 physicians, mostly locums, licensed to practice in the NWT.

The Minister of Health and Social Services appoints a Director of Medical Insurance to administer the MCA and its regulations. The Director prepares a tariff of insured services which itemizes benefits payable for services provided on a fee-for-service basis for the Minister's

approval. The Director also has the authority to enter into agreements for the delivery of insured services that are not on a fee-for-service basis. Almost all physicians in the NWT provide their service by contract rather than by fee-for-service. The Director is required to prepare an annual report on the operations of the medical care plan for the Minister.

During the reporting period, over 42.1 million dollars was spent on insured physician services provided to residents within the NWT.

*Insured Hospital Services*

HSSAs are responsible for delivering inpatient and outpatient services to residents in hospitals and health centres. Contribution agreements between the Department and the HSSAs fund the services they provide. Allocated amounts are determined through the GNWT budgetary process.

During the reporting period, insured hospital services were provided to inpatients and outpatients in 27 health facilities throughout the NWT, costing approximately 73 million dollars.

The *Hospital Insurance and Health and Social Services Administration Act* definitions of insured inpatient and outpatient services are consistent with those in the *Canada Health Act*. The NWT provides the following:

- Insured inpatient services, meaning
  - accommodation and meals at the standard or public ward level;
  - necessary nursing services;
  - laboratory, radiological and other diagnostic procedures together with the necessary interpretations;
  - drugs, biological and related preparations when administered in the hospital;
  - use of operating room, case room and anaesthetic facilities;
  - routine surgical supplies;
  - use of radiotherapy facilities;
  - use of physiotherapy facilities;
  - services rendered by persons who receive remuneration for those services from the hospital; and,
  - services rendered by an approved detoxification centre.

- Insured out-patient services, meaning
  - laboratory, radiological and other diagnostic procedures together with the necessary interpretations (not including simple procedures done in a doctor's office);
  - necessary nursing services;
  - drugs, biological and related preparations when administered in the hospital;
  - use of operating room, case room and anaesthetic facilities;
  - routine surgical supplies;
  - use of radiotherapy facilities;

- use of physiotherapy facilities; and
- services rendered by persons who receive remuneration for those services from the hospital.

Reciprocal billing arrangements with other jurisdictions are in place so that NWT residents with a valid NWTHCP do not have to pay out of pocket if they access medically required inpatient or outpatient services in these jurisdictions. During the reporting period, almost 20 million dollars was paid to approved facilities outside the NWT for the treatment of NWT residents.

# Appendix 2 – Major Publications

## Reports and Strategic Documents

- NWT Health Centre Formulary
- Anti-Poverty Round Table Final Report
- Measuring Success and Focusing on Results: HSS 2012-2013 Annual Report
- Healing Voices – The Minister's Forum on Addictions and Community Wellness
- Response to the Minister's Forum on Addictions and Community Wellness
- Pathways to Wellness: An Updated Action Plan for Addictions and Mental Health
- Building on the Strengths of Northerners: a Strategic Framework toward the Elimination of Poverty in the NWT
- GNWT Anti-Poverty Action Plan
- Right from the Start: A Framework for Early Child Development in the NWT
- Early Childhood Development Action Plan
- Ground Ambulance Legislation Discussion Paper
- Continuing Care Review
- "Believe Healing Journey" – Report on the Dehcho Sharing Circle
- Making the Case for Change – Advancing the NWT Chronic Disease Management Strategy

## Brochures and Fact Sheets

- Get Vaccinated!
- Health Information Act – FAQs
- NWT Family Violence Shelters: You are not alone
- Mercury Predictors in Lakes
- What every older Canadian should know about: Powers of Attorney and Joint Bank Accounts
- Rotavirus Fact Sheet
- NWT Breast Cancer Screening
- Coverage of Quit Smoking Aids
- Trichinellosis
- The Health Effects of Mercury in Fish
- Healthy Family Collective Kitchen Recipes
- Travelling? What you should know (NWT Healthcare Coverage)

## Appendix 3 – Summary of Legislative Agenda

**Health and Social Services Professions Act**

A new *Health and Social Services Professions Act* is being drafted. This Act will regulate several health and social services professions under one legislative model, thereby allowing the Department to modernize the existing out-dated professional legislation in a more efficient and consistent manner. Professions currently unlicensed in the Northwest Territories could also be regulated under the Act in the future. The Bill is to be ready for introduction in fall 2014. Work on professional regulations has begun. The first set of professionals to be regulated under the Act will be:

- Emergency Medical Service Providers;
- Psychologists;
- Licensed Practical Nurses; and
- Naturopathy professionals.

**Child and Family Services Act**

Amendments to update the *Child and Family Services Act* are being developed. A Bill is expected for introduction in the February/March session of the 17th Legislative Assembly. The amendments to the Act will address many recommendations made in response to the recent review of Child and Family Services undertaken by the Office of the Auditor General. The amendments to the Act will also address the recommendations brought forward by the Standing Committee on Social Programs in its review of the Act during the 16th Legislative Assembly.

**Mental Health Act**

This new Act will modernize current legislation and put into place comprehensive measures for protection of rights for persons with mental illness. The Department aims to ensure safety of patients, families, and the public and to improve inefficiencies and respond to gaps in the current system. During 2013-14, the Department released a series of public Discussion Papers on a new mental health legislative framework and began targeted discussions with key stakeholders. The Bill is expected to be completed spring 2015.

**Hospital Insurance and Health and Social Services Administration Act**

The Department continues to work with our partners on the integration of the health and social services system, recognizing the emerging negotiated authority of Aboriginal Governments. During 2013-14 the Department narrowed down the amendments needed to the *Hospital Insurance and Health and Social Services Administration Act* to increase accountability and improve system integration. A Bill amending the Act is to be ready for introduction during the February/March session of the 17th Legislative Assembly

**Health Information Act**

The *Health Information Act* Bill was passed in March 2014. Implementation activities, including ensuring staffing and developing Regulations are underway. The Act is to come into force in

2015-16. The purpose of the HIA is to set out a modern framework governing the collection, use, disclosure and access of personal health information. This includes setting the rules that health care providers must follow for the protection and proper sharing of client's personal health information, and providing up-to-date health-specific access and protection of privacy provisions that will apply to health care providers, including private sector providers.

**Human Tissue Donation Act**

A Bill replacing the Act with a new *Human Tissue Donation Act* was introduced in June 2014. The new Act will provide a more comprehensive legislative framework to support the donation and transplantation of organs and tissues by NWT residents The new Act fills the gaps in the current Act by addressing consent, live donor transplants, and the prohibition of the sale of body parts or benefitting from donation.

**Ground Ambulance Act**

As part of the GNWT strategy to address gaps in ground ambulance, highway rescue, and remote rescue services, the Department is developing legislation to set out health-related standards for ground ambulance services. In March 2013, the Department released a public discussion paper on a possible legislative framework for standards. In 2014-15, the Department will continue consultation.

**Dental Profession Act**

Amendments to this Act were passed to respond to the need to change the supervision requirements for dental students to make it more feasible for the NWT; updating the Dental Registration Committee to reflect current administrative practice; ensuring that the Act complies with the Agreement on Internal Trade; and amending the name of accrediting body for dental education programs.

**Medical Care Act**

Amendments to this Act were passed to remove members of the RCMP from the list of residents not eligible for insured services in the NWT. This amendment will reflect administrative practice and be consistent with the amendments to the federal *Canada Health Act*, made in June 2012, that made members of the Royal Canadian Mounted Police (RCMP) no longer excluded from being "insured persons" under that Act.

If you would like this information in another official language, call us.

English

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Si vous voulez ces informations en français, contactez-nous.

French

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Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

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TŁĮCHǪ YATI K'ĘĘ. DI WEGODI NEWǪ DÈ, GOTS'O GONEDE.

Tłı̨chǫ

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ʔERIHTŁ'ÍS DËNE SÚŁINÉ YATI T'A HUTS'ELKËR
XA BEYÁYATI THEʔĄ ʔAT'E, NUWE TS'ËN YÓŁTI.

Chipewyan

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EDI GONDI DEHGÁH GOT'ĮE ZHATĮE K'ĘĘ EDATŁ'ÉH
ENAHDDHĘ NIDE NAXETS'Ę EDAHŁÍ

South Slavey

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K'ÁHSHÓ GOT'ĮNE XƏDǾ K'É HEDERI
ʔEDĮHTL'É YERINIWĘ NÍDÉ DÚLE.

North Slavey

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Jii gwandak izhii ginjìk vat'atr'ijąhch'uu zhit
yinohthan jì', diits'àt ginohkhìi.

Gwich'in

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UVANITTUAQ ILITCHURISUKUPKU INUVIALUKTUN, QUQUAQLUTA.

Inuvialuktun

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ᑲᓇᐊ ᑎᑎᖅᑲᑦ ᐱᓕᒪᔪᕐᓂᑦ ᐃᓄᖅᑎᑦᓯᕐᓗᒍᑎᖅ,
ᐅᓪᓚᑎᓐᓄᑦ ᐅᖅᓯᓕᕆᓂᖅᑎᑦ

Inuktitut

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Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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1-867-920-3367